

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Residential Care Apartment Complex
REGISTERED

Facility Information

Facility Name: HERITAGE ASSISTED LIVING COMMUNITY (0010266)

Address: 3706 DAMON STREET, EAU CLAIRE, WI 54701

License Status: REGULAR

Licensed/Certified/Registered 02/01/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0094528 **End Date:** 04/06/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094289 **End Date:** 03/10/2005 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092008 **End Date:** 02/13/2004 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091383 **End Date:** 07/08/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091434 **End Date:** 07/08/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091384 **End Date:** 01/24/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary
For the period 01/01/2003 to 12/31/2005
Residential Care Apartment Complex
REGISTERED

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0091385 End Date: 01/24/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091386 End Date: 01/24/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091387 End Date: 01/24/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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For the period 01/01/2003 to 12/31/2005
Residential Care Apartment Complex
REGISTERED

Complaint History

Date Complaint Received: 03/25/2005

Date Investigation Completed: 04/06/2005

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/04/2005

Date Investigation Completed: 03/10/2005

Subject Area(s)
ADMISSION, TRANSFER & DISCHARGE

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/29/2003

Date Investigation Completed: 02/13/2004

Subject Area(s)
NUTRITION & FOOD SERVICES

Result
SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 05/28/2003

Date Investigation Completed: 07/08/2003

Subject Area(s)
MEDICATIONS

Result
SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 04/23/2003

Date Investigation Completed: 07/08/2003

Subject Area(s)
PROGRAM SERVICES

Result
SUBSTANTIATED

SOD #
NOT RECORDED

Date Complaint Received: 01/14/2003

Date Investigation Completed: 01/24/2003

Subject Area(s)
RESTRAINTS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 01/13/2003

Date Investigation Completed: 01/24/2003

Subject Area(s)
PROGRAM SERVICES
RESTRAINTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 02/24/2006

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Residential Care Apartment Complex
REGISTERED

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Date Complaint Received: 01/07/2003

Date Investigation Completed: 01/24/2003

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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